



Date of Application: _____

**FORM NNEZ-3 (Enterprise Zones #1, #1-A, #1-B)
APPLICATION FOR RECERTIFICATION
BUSINESS LICENSE FEE ABATEMENT AND LOCAL UTILITY TAXES REFUND**

I. Business Information

Business License Account # _____ and/or Federal Employer ID # _____

Name and Physical Address of Firm *as Printed on Business License*:

Name:
Physical Address:

Name and Physical Address of Firm *as Printed on Utility Bills*:

Name:
Physical Address:

Mailing Address:

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Contact Information:

Name of Authorized Representative for Firm:
Phone:
Fax:
Email:

Give any changes of address for your Enterprise Zone establishments since the filing of Form NNEZ-1 or the last Form NNEZ-3. Include any new establishments as a new address.

Old Address(es)	New Address(es)

II. Eligibility Information

Job Creation:

Average Number of Full-Time Employees during past Twelve Months:	
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Taxable Investment:

Has any taxable investment listed on Form NNEZ-1 or the last Form NNEZ-3 been sold, destroyed or moved outside the Zone? If Yes, list below the description, address, value, and date of occurrence of taxable investments which have been sold, destroyed or moved and of any taxable investment made since the filing of Form NNEZ-1 or the last Form NNEZ-3.	Yes _____ No _____
Taxable Investment -Sold, Destroyed or Moved	Taxable Investment-New
Description:	Description:
Address:	Address:
Value: \$	Value: \$
Date of Occurrence:	Date of Occurrence:
Description:	Description:
Address:	Address:
Value: \$	Value: \$
Date of Occurrence:	Date of Occurrence:

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PRESENTED ABOVE IS CORRECT. I UNDERSTAND THAT IF DETERMINED ELIGIBLE, I MUST SUBMIT A RECERTIFICATION FORM NNEZ-3 EACH YEAR TO CONTINUE RECEIVING THE BENEFIT.

 Independent Certified Public Accountant

OR

 Firm's Authorized Representative

- ☐ I will make available for review by the Department of Development all of the records relevant to information required by this form, as an alternative to independent CPA review.